

Alaska Department of Revenue  
Tax Division  
550 W. 7th Avenue suite 500  
Anchorage, AK 99501

**Motor Fuel Excise Tax**  
**QUALIFIED DEALER BOND**  
**43.40.100**

Voice: 907.269.6620  
Fax: 907.269.6644  
Email: Tax\_Motor\_Fuel@revenue.state.ak.us

Corporation/Principal Name		Bond Number
Corporation/Principal Address		Phone
City	State	Zip
Business Type (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietor <input type="checkbox"/> LLC		

We, as principal(s), and \_\_\_\_\_ as surety  
(Name of Insurance Company)  
a corporation incorporated under the laws of the State of \_\_\_\_\_  
and authorized to do business in the State of Alaska and execute this bond, are held and firmly bound unto  
the State of Alaska, Department of Revenue, in the sum of \$\_\_\_\_\_, the payment  
of which we bind ourselves, our executors, administrators, heirs, assigns, and successors, jointly and  
severally, firmly by this bond.

The condition of the foregoing obligation is that the above bound principal(s) shall pay when due all motor fuel  
excise fees and/or taxes, penalties and interest due and to become due and owing to the State of Alaska by  
said principal during the effective period of the bond, under the provisions of the motor fuel excise tax and  
licensing laws of the State of Alaska (AS 43.40).

Liability under this bond begins \_\_\_\_\_ and shall be continuous thereafter until  
(Date)  
statute of limitations has expired on all motor fuel excise taxes due to the State of Alaska. The bond shall  
apply to all liens and liabilities which arise during the effective period of the bond and to which the bond is  
applicable under law, even if the liens are foreclosed or valid liens settled after the period of the bond or the  
liabilities are enforced after the effective period of the bond.

In witness whereof, the above bound parties have executed this instrument this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_ the name of each party being hereto affixed and is duly signed by its  
undersigned representative, if any, pursuant to authority of its governing body.

ATTEST:

\_\_\_\_\_  
(Secretary of Corporation/Principal) By: \_\_\_\_\_  
(Authorized Agent of Corporation/Principal)

(seal)

ATTEST:

\_\_\_\_\_  
(Secretary of Insurance Company) By: \_\_\_\_\_  
(Authorized Agent of Insurance Company)